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## ART. I.—CASE OF BRONCHITIS WITH INTOLERABLE FETID EXPECTORATION.

BY S. A. COOK, M. D.,

Buskirk's Bridge, January 20, 1838.

On a former occasion<sup>1</sup> I gave a detailed description of a case of "Bronchitis with Intolerably Fetid Expectoration," and stated that I had seen "two other cases of a similar character." Having been enabled to obtain a history of one of those cases, and believing it not devoid of interest, I forward it to you for the "Intelligencer." It is extracted from a diary kept by a son of the patient; now the Rev. Walter Long.

CASE.—Edward Long, aged forty-four years, farmer, after several weeks of moderate indisposition, was attacked, Aug. 27, 1832, with acute pain in the side (of the chest), severe paroxysmal cough, difficult and scanty expectoration of dark coloured and fetid mucus, accompanied with the expiration of an extremely fetid gas. These symptoms continued about a week, when the expectoration became free, without any diminution of the fetor, or abatement of the severity of the paroxysms of coughing; some of them continuing several hours without cessation. This disease partook much of the character of Van Buskirk's case, and continued, waxing and waning in its severity, till the next spring, when he began to improve, and by the latter part of June was able to take charge of his business. He expectorated blood in moderate quantities several times during the winter, and also a cheesy substance, which, though frequently in fragments, occasionally came up whole, in a form which the patient compared to that of a tooth, (pyramidal); and which his physician, Dr. Dorr, "thought might be tubercles partially softened."

The treatment was every thing which the ingenuity of man, learned or unlearned, could suggest. At the commencement the symptoms were inflammatory, and venesection, revellents, warm bathing and anodynes, produced partial relief. Through the whole course of the disease anodynes afforded temporary alleviation of the more violent symptoms, and materially lessened the quantity of matter expectorated, when combined with acetas plumbi; which latter, however, he was soon compelled to forego, owing to the violent irritation of the bowels which followed its use. He also attributes much efficacy to the inhaling of chlorine, which he continued a long time.

Mr. Long's case differs from Van Buskirk's in its longer duration; in its probable complications, evinced by the expectoration of blood and of an organised substance, (which probably contributed to render its course more chronic.) Yet its general character affords abundant evidence that they both originated in the same pathological state, and that their shades of dissimilarity were owing to fortuitous circumstances wholly unconnected with the disease.

It would unquestionably be to the advantage of medical science could the

<sup>1</sup> American Medical Intelligencer, July 1, 1837, p. 121.

exact pathology of these interesting cases be ascertained. Yet I cannot seriously regret our ignorance while this knowledge can only be obtained through the failure of treatment, and the consequent destruction of human life. In a note appended to the Van Buskirk case,<sup>1</sup> the editor of the "Intelligencer" suggests the probability of its being a case of dilated bronchia, similar to some alluded to in "Bricheteau's Medical Clinics." Let us examine the characteristics of this pathological state as described by some of our most approved writers, and see how far the comparison holds good.

The language of Bricheteau is, "Vomica may likewise owe its origin to a purulent collection, formed in a dilated bronchus. The pus gradually collects in this accidental cavity, and is expelled at once when its presence becomes a sufficient cause of excitation to provoke a fit of coughing. This pus, according to M. Chomel, is usually remarkably fetid."<sup>2</sup>

On the same subject Laennec says,— "In cases even of the most extensive dilatation, the symptoms rarely indicate the severity of the disease. Most commonly there is neither fever (at least continued fever) nor emaciation; and if the patient is not obliged to undergo severe bodily labour, he is scarcely sensible of any diminution of strength. Even the respiration is not impeded, except under the influence of quick and rapidly renewed movements. The expectoration is not more characteristic. When the dilatation is very extensive, it is extremely copious. It is (not) always mucous, but occasionally resembles the discharge in the last stage of the acute catarrh, and sometimes it is quite puriform. It is generally without smell, but occasionally has the colour of pus of good or bad character. The secretion is sometimes so copious as to simulate the rupture of a vomica."<sup>3</sup>

Stokes, after endeavouring to point out the physical signs by which this pathological state may be detected, divides "the cases of this disease which have been described by authors into three classes."

(a) "Cases in which symptoms of chronic catarrh, with copious expectoration, have existed for a number of years, varying from ten to fifty, or even more, and without the constitutional symptoms of phthisis."

(b) "Cases presenting the symptoms of phthisis, in which the constitution suffers severely; the disease may last from five months to five or even ten years."

(c) "Cases which may be termed acute. These are to be observed in children after hooping-cough, and the disease has occurred in three months."<sup>4</sup>

From the above extracts it would appear that the pathological state mentioned by Bricheteau is,—

1. A secondary disease; the consequence of a chronic inflammation of the bronchial tubes, modified by peculiar circumstances; and which Stokes compares to that diseased action of the arterial system which results in true aneurism.

2. That in adults it is usually, if not always, chronic; lasting a number of years without producing any very marked effect on the constitution, unless complicated with a tubercular habit, and even here it might be considered questionable whether the progress of the disease is hastened by it.

3. That where it has been observed to be acute, it has followed hooping-cough in the weak and irritable habits of children.

4. That the fetor, when existing, is caused by the character of the pus, whether healthy or unhealthy. And

5. That it may safely be inferred from its nature, that it is a disease not likely to terminate spontaneously in health; and that it is not much under the control of remedies.

On the contrary, these cases were preceded by no severe or long-continued

<sup>1</sup> American Medical Intelligencer, July 1, 1837, p. 121.

<sup>2</sup> Bricheteau's Medical Clinics. Library edition, p. 41.

<sup>3</sup> Laennec on the Diseases of the Chest, &c. New York edition, 1832, p. 111-12.

<sup>4</sup> Stokes on Diseases of the Chest. Library edition, p. 112.

disease, indicating that structural change might be taking place in an important organ. Both of the patients were able to attend to their business up to the time of attack. The disease assumed its characteristic symptoms (paroxysmal cough and fetid breath) at the very commencement, and long before expectoration was established. The gas expired in respiration possessed all the peculiar fetor of the matter thrown out from the lungs after expectoration became free and easy. The fetor was, indeed, a fetor *sui generis*, and made an impression on the olfactories of the attendants that will not soon be forgotten. The odour was somewhat similar, though incomparably more pungent, to that produced upon the breath by mercurial ptyalism.

Mr. Van Buskirk had for years previous suffered from some derangement of the digestive organs, and was subject to periodical attacks; but of its nature I am unable to judge, having never witnessed any of these periodical visitations, or examined him with regard to its particular history. He was sensible from the commencement that the disease, which I have described, was different from any thing he had ever before experienced. His health, I have been informed, has been since much as it was before. Mr. Long is now in the enjoyment of robust health, and has no cough except from occasional colds.

In conclusion, I am induced to believe that these were cases of bronchitis possessing their own peculiar character, modified by causes as yet unknown, and possessing a pathology about which it is perhaps idle to speculate, as we must still acknowledge our ignorance.

#### ART. II.—ON SUDAMINA.

The following remarks have been made in a recent French periodical,<sup>1</sup> by M. J. A. Henroz, on the results of cases in the wards of the Hôpital La Charité, Paris, which are under the care of M. Bouillaud.

The variety of contradictory opinions which we encounter in the study of typhoid entero-mesenteritis, not only in the explanation of its different phenomena, but also in their pure and simple observation, is very striking. This divergency amongst writers is so much the more remarkable, as this disease is one of those which exhibits most frequently its anatomical and physiological characters under the immediate observation of the physician, and that in this very metropolis. Denomination, seat, nature, symptoms, treatment, every thing, in a word, in this affection, unfortunately so common, has served as foundation for the most opposite assertions. Even the sudamina bear the impression of the disagreement which weighs fatally on every thing relating to this disease.

According to some, this expression, *sudamina*, is opposed to its etymology, and holds forth in a false light that which it represents. Thus M. Louis wrote, in his *Recherches sur la Gastro-Enterite*, &c. (vol. ii., p. 243 and sec. 9), that the sudamina were not exactly in constant relation with the sweats; they were sometimes in an inverse ratio with the latter, numerous when they had been abundant, and reciprocally. The sweats were not then the most important of the circumstances which concurred in their development, so that it must be admitted that they belong to an affection of the skin not until now appreciated. Under this point of view the sudamina appear to me a fact of much importance in the history of the typhoid affection. By means of a fatality which I cannot sufficiently regret, I have but investigated them in nine subjects (dead), six of whom only, or two thirds, pre-

<sup>1</sup> La Lancette Française, No. 86, Juillet 22, 1837.

sented a greater or less quantity of them. And, nevertheless, this proportion, drawn from so small a number of facts, is very probably, as will be seen presently, *the truth*. . . . The sudamina recurred in fourteen of the twenty-one (cured) who were seriously affected, that is to say, in the same proportion as those who sunk under it. As with the latter, I did not observe them before the twelfth day of the affection. . . . In short they were not in a constant relation with the sweats.

"The proportion of the cases in which there was sudamina was also the same with the patients (cured) who were slightly affected. . . . But they were not very multiplied with any of them; and in none could the epidermis in the intervals be raised with the facility of which we shall speak presently (serious cases). This difference, although slight, seems to me to corroborate what I have said on the principal condition of the development of the sudamina, an unknown alteration of the skin, which ought to be more considerable in cases where the affection is serious than in those in which it is slight.

"As the sudamina are as frequent in slight as in serious cases, must we conclude that this eruption has, like that of the rose-coloured lenticular spots, something specific in the typhoid affection?

"The rarity of the sudamina in subjects affected with acute diseases not typhoid, who have had copious sweats, confirms the preceding inductions on the most important condition of the development of the sudamina. . . . The affections in whose course I have not observed them are intermittent fevers, pulmonary catarrh, peripneumony," &c.

The same author says, in his *Recherches sur la Phthisie*, "that he has sometimes seen sudamina in the consumptive," without stating any thing precise thereupon, which would have been decidedly preferable. Here, then, the sudamina, which are not explained by the sweats, are very clearly explained by an unknown alteration of the skin, linked with the existence of typhoid fever, and almost raised to the grade of a specific symptom of this disease.

M. Andral is far from finding more connection between the sweats and vesicular eruption of the skin. It may be judged of by the following passage extracted from his clinic:—

"It is reasonable to believe," says he, "that the sudamina cannot occur without a special disposition of the skin, either physiological or pathological."

These assertions, so positive, on a fact so easy to observe, leave no doubt in the mind, and we may consider the thing as finally decided in the works of the physicians whom I have just cited; as the circumstances which surround their opinions remove all suspicion of error. However, this opinion is not in complete accordance with the facts; daily, at La Charité, experience scrupulously interrogated proves it to be false; daily, at the bed-side of the patient, it receives the most formal disproof. As a proof of what I advance, I may give a table in which is marked, during one of the last days, the actual state of each of the patients under the attendance of M. Bouillaud, considered relative to the sweats and sudamina.

#### THE MEN'S WARD.

1. Pulmonary consumption.—Sweats; sudamina very abundant.
2. Inflammatory tumour in the ileo-cæcal region.—No sweats; no sudamina.
3. Confluent small-pox (period of desiccation).—Sweats; sudamina on the neck, in the clavicular region, and on the abdomen.
4. Laryngeal phthisis (ulcerated chronic laryngitis).—No sweats; no sudamina.
5. Acute pleuro-pneumony.—Very copious and prolonged sweats; number of sudamina on the neck and trunk.
6. Severe measles.—Dryness of the skin; no sudamina.
7. Typhoid entero-mesenteritis.—Dryness of skin; no sudamina.

8. Pleurisy, with effusion.—Sweats, especially in the head and neck; sudamina numerous on the sides of the neck above and below the clavicles.

9. No actual disease.—No sweats; no sudamina.

10. Acute pleuro-pneumonia.—Sweats very copious and prolonged; confluent eruption of sudamina on the neck and over all the trunk.

11. Convalescence from a pleuro-pneumonia, with copious sweats.—Numerous sudamina.

12. Nothing remarkable.

13. Pleurisy, with effusion.—Sweats; eruption of sudamina on the neck and trunk.

14. Nothing remarkable.

15. Pleurisy.—Moderate sweats; some sudamina towards the axilla.

16. Phlebitis and phlegmonous erysipelas in both arms.—No sweats; no sudamina.

17. Chronic catarrh, and, from the first, acute pleuro-pneumonia.—Sweats; sudamina numerous.

18. Cured, after twelve days, of a pneumonia.—No sweats; no sudamina.

19. No actual disease.—Not examined.

20. Erysipelas of the face.—No sweats; no sudamina.

21. Acute articular rheumatism.—Sweats slight; some sudamina in the clavicular region.

22. Nothing remarkable.

23. Emphysema of the lung.—No sweats; no sudamina.

24. Sporadic cholera.—No sweats; no sudamina.

25. Being discharged.—Not examined.

26. Hypertrophy of the heart and thickening of the valves.—No sweats; no sudamina.

#### FEMALE WARD.

1. Aneurism of the abdominal aorta.—Not examined.

2. Slight case of small-pox.—No sweats; no sudamina.

3. Chlorosis.—No sweats; no sudamina.

4. No actual disease.—No sweats; no sudamina.

5. Chlorosis, and, at the same time hypertrophy of the heart, and thickening of the valves.—No sweats; no sudamina.

6. Gastric enteritis (gastric derangement).—No sweats; no sudamina.

7. Hypertrophy of the heart, thickening of the valves, and narrowing of the left auriculo-ventricular orifice, chlorosis.—No sweats; no sudamina.

8. Slight bronchitis.—No sweats; no sudamina.

9. Hypertrophy of the heart and fibro-cartilaginous thickening of the valves.—No sweats; no sudamina.

10. Anemia, marasmus.—No sweats; no sudamina.

11. Jaundice, probably consequent on organic lesion of the liver.—Sweats; sudamina, and miliary eruption in the region of the clavicles; sudamina only at the pit of the stomach.

12. Symptoms of irritation or gastric derangement.—No sweats; no sudamina.

13. Measles.—No sweats; no sudamina.

14. Chronic bronchitis, and perhaps incipient tuberculisation.—Slightly abundant and partial sweats on the neck and chest; sudamina scarce in the parts where the sweats occur.

It follows, then, from these data, that the negative as well as the positive facts concur in establishing that there were the closest connections between the sweats and sudamina in the cases pointed out; and that the sudamina occurred in the most different diseases, pulmonary consumption, small-pox, acute pleuro-pneumonia, pleurisy with effusion, chronic catarrh, acute articular rheumatism, jaundice, chronic bronchitis, accompanied with a sweating state; while no trace of it was to be met with in a subject affected with typhoid entero-mesenteritis, whose skin remained dry. But this observation was not the only one; for a length of time it was repeated at every visit,

before witnesses, and constantly the same results were arrived at,—I say constantly, for it would be absurd to consider some very rare exceptions as invalidating a general rule. How, then, could M. Louis have written that he had not observed sudamina in pulmonary catarrh, peripneumonia, &c., if he had paid scrupulous attention to the subject? How could he advance that sweats are not the most important of those circumstances which concur in the development of sudamina, when, at every period and wherever there are patients, the most simple examination will prove the contrary? that is to say, that this cutaneous eruption will be discovered in almost every individual who has prolonged sweats, however different the disease may be under which he labours,—that is to say, again, that in general subjects who do not sweat actually and who have not sweated antecedently, will not present any vestige of them, whether they be affected with typhoid fever or not. Yes, when M. Louis asserted this he might have easily convinced himself that what he said of sudamina is radically erroneous; that their development may be accounted for without borrowing the mysterious assistance of an unknown alteration of the skin; that they are to be met with not only after the twelfth day of the disease and in two thirds of individuals affected with typhoid fever, but when they sweat, and in those only; that they do not bear direct relation to the severity of the typhoid fever, but really to the abundance of the sweats; that they are far from being a fact of much importance in the history of typhoid fever, and still less any thing specific; that they exist in chronic catarrh, peripneumonia, jaundice, &c., as in typhoid fever with determinate circumstances, and which are the same; that, finally, his inductions on the most important condition of the development of sudamina have the misfortune of being false in every particular, because they repose on an imaginary basis.

To sum up, an exact and consecutive observation has clearly demonstrated to M. Bouillaud and to those who have frequented his clinics for several years,—

1. That sudamina have no particular relation to typhoid entero-mesenteritis.

2. That they are intimately connected with the actual or antecedent existence of prolonged sweats, without distinction of diseases, so that one may almost always conclude as to the presence of the one from that of the other.

3. That they are in constant relation with the sweats, numerous when they have been copious, and scarce in opposite cases.

4. That the same relations exist in the different regions of the body; that is to say, that they are abundant in the points where the sweats accumulate, and reciprocally.

#### ART. III.—ON TRANSPLANTING THE CORNEA TO RELIEVE BLINDNESS.

Although we have before us the original article by Dr. S. L. L. Bigger,<sup>1</sup> we prefer adopting the following abstract of the paper from the pages of the last number of a valued British cotemporary.<sup>2</sup>

The title of this paper will startle those who are not familiar with the feats performed by modern ophthalmologists for the relief of imperfections of the organ of vision. The paper itself, however, may probably be referred to hereafter, in a more advanced stage of ocular surgery, as a record of an early attempt at effecting a bold design, eventually rendered successful by

<sup>1</sup> Dublin Journal of Medical Science, July, 1837.

<sup>2</sup> British and Foreign Medical Review, No. 8, p. 537, for Oct., 1837.

the improvements of time. The operation contemplated by Dr. Bigger, that of "excising the morbid cornea, and replacing it by a healthy structure, taken from some of the inferior animals," is not an original one, having been previously attempted by several surgeons in Germany, on the inferior animals, and with partial success. Dr. Bigger has followed up the practice to a much greater extent, and, from an improved method, with more success than his predecessors. Still the results of his experiments prove that much is yet wanting to render the operation one that can be relied on with much confidence. We think, however, that Dr. B. deserves the greatest credit for his bold and ingenious attempts to remedy one of the most lamentable of ailments. No attempt has yet been made to extend the operation to the human eye. The following extracts from the report of Dr. Bigger's paper contain: (1), an account of the manner of performing this curious operation; (2), the results of the operator's last experiments; and (3), Dr. B.'s conjectures respecting the applicability of the operation to the human eye.

1. "Having fixed, with a ligature, the upper eyelid of the animal from which the cornea is to be taken, he introduces Beer's cataract knife (holding it horizontally, and at first directing it a little backwards, so as to ensure its passing through all the layers of the cornea,) with its edge turned upwards, into that part of the cornea situated about a line or more from its most inferior junction with the sclerotic, and about the same distance external to the mesial line of the eye. He then pushes on the knife for the space of one or two lines, inclining the handle so that the point of the knife may be brought forward and caused to pierce the cornea again, at a distance as small as possible from the point of entrance. The knife should now be pushed on, when it will make as large a section as may be required, which being turned down is to be cut off with a pair of scissors. The eyelids are then to be closed, to prevent the escape of the crystalline lens and vitreous humour. The excised cornea should be placed on a slip of cork, and the curved needles, carrying very fine ligatures, (two, three, or four in number,) should be passed through the cornea and the piece of cork. The latter, which has been chiefly used as a support to enable the operator to pass the needles through the tough layers of the cornea, should then be broken off, and the cut surfaces of the cornea should be kept moistened with some of the secretion from the eye. The surgeon then proceeds to perform the same operation on the eye to which the cornea is intended to be transplanted. Having done this, and closed the lids for a few moments, until the spasmodic action of the muscles of the eye diminishes, the operator proceeds to adapt the cornea to its new situation, and for this purpose inserts the point of his needle carefully between the margin of the now prolapsed iris and the remains of the cornea, and pressing externally with the nail of the other forefinger against the point of the needle, so as to make it pass through the cornea without dragging or injuring the eye, draws out the needle. To accomplish the latter object, Dr. Bigger was often obliged to use a small forceps, and in this case, the thumb and finger nails of the other hand must be pressed closely and firmly against the cornea on either side of the needle, to obviate any injurious disturbance or dragging of the eye. The ligatures should then be carefully tied and the ends cut off. Dr. Bigger has found two ligatures to answer the purpose quite as well as four. Finally, the operator clears away any lymph or blood which may have collected on the eye, and concludes the operation by smearing the eyelids with a little spermaceti ointment."

2. "On his return to Dublin, Dr. Bigger commenced his experiments anew; of these he has now performed eighteen. The subjects of the first and last, two rabbits, were presented before an evening meeting of the King and Queen's College of Physicians, on the 18th of May last. They were examined with great interest by the members and visitors present, and the degree of vision which one of them evidently possessed, reflects the highest credit on the ingenuity, patience, and manual dexterity of the scientific operator. The results of these eighteen experiments were: in ten, the iris was injured; in eleven, the crystalline lens escaped; in seventeen, union

took place between the implanted cornea and the adjacent surfaces in forty-eight hours, so as to admit of the withdrawal of the ligatures, which are always a great source of irritation; in four, three ligatures were employed; in fourteen, only two, and with equally favourable results; in twelve, adhesion of the iris to some part of the cicatrix ensued; in one, sloughing of the cornea and destruction of the eye took place, an event which arose from the cornea being kept for half an hour without applying it, with the view of ascertaining how long it would be likely to retain a sufficient degree of vitality to enable it to unite. Of the whole eighteen experimented on, sixteen recovered imperfect vision. The difficulty of performing the experiment in such a way as to afford a chance of preserving the transparency of the implanted cornea, was a source of much disappointment to Dr. Bigger, and for a long period he could not succeed in devising any means for this purpose, until after his eighth experiment at home, when he discovered that much benefit might be derived from the local application of bichloride of mercury. A weak solution of this salt, gradually increased to the extent of three grains to the ounce of distilled water, and dropped into the eye three or four times a day, after the cornea had become adherent, was found by him to exercise an almost specific action in diminishing the opacity of the implanted cornea."

3. "With reference to the applicability of the operation to the human species, Dr. Bigger observed, that he thought that in man the chances of success would be greater, at least so far as steadiness during the operation, avoidance of injury, and other obvious circumstances, might contribute to that desirable end. With respect to the animal from which the cornea would be taken in the case of the human subject, Dr. Bigger has not yet decided, and invites the attention of comparative anatomists to this point of the investigation. The animal whose cornea he has found to make the nearest approach to that of man is the pig; it is, however, much thicker and coarser in its texture. In a spirit of just and humane feeling, he deprecates the removal of the cornea from the human eye, even when permitted for gain by the possessor; but thinks that a person afflicted with incurable amaurosis might be prevailed on to part with his pellucid cornea, which might be replaced by one taken from some of the inferior animals. He thinks, however, that the operation should not be sanctioned under any circumstances, when the patient enjoys even a tolerable degree of vision with the other eye, at least until our knowledge has been increased by further experiments and observations. He is of opinion that cases of blindness caused by small-pox, ulcers on the cornea, and ophthalmia not affecting the deeper structures of the eye, would be the most favourable for operation."

#### BIBLIOGRAPHICAL NOTICES.

##### *Mr. Meredith's Minute on the Late Dr. Physick.<sup>1</sup>*

At a special meeting of the board of trustees of the University of Pennsylvania, held immediately after the decease of Dr. Physick, it was resolved, among other matters, "that a committee be appointed to prepare and present, at the next stated meeting of this board, a comprehensive minute; to state the long connection of the deceased with this University; and to express the respect entertained for his able and faithful services as a teacher; for his eminence as a practitioner of medicine; and for the virtues which adorned his private character." The committee appointed were,—Mr.

<sup>1</sup> A Comprehensive Minute, commemorative of Philip Syng Physick, M. D., Emeritus Professor of Anatomy and Surgery in the University of Pennsylvania. 8vo, pp. 14. Philadelphia, 1838.

Meredith, Judge Hopkinson, Dr. Mayer, and Mr. Gibson. From this "Minute" we learn, that the distinguished physician was born in Philadelphia on the 7th of July, 1768, and that he obtained his academical instruction in the collegiate department of the university. The study of medicine he began with Dr. Kuhn, who had been the Professor of *Materia Medica* and Botany from the commencement of the medical school. In 1788, he accompanied his father to London, and was placed under the care of John Hunter, by whose influence he was made House Surgeon to St. George's Hospital "over many competitors with powerful patronage." In 1791, he was received amongst the members of the Royal College of Surgeons of London, after which he went to Edinburgh and graduated. He then returned to Philadelphia—in 1792—and commenced the practice of his profession, devoting himself more especially to surgery. In the fatal epidemic of 1793, he was brought into general notice and respect, and was appointed Resident Physician of the Yellow Fever Hospital, at Bush Hill, which establishment was kept open so long as was necessary. In 1794, he was chosen Surgeon to the Pennsylvania Hospital, and continued to fulfil this important function for twenty-two years. In the same year he was appointed Prescribing Physician to the Philadelphia Dispensary. He was for a long time, also, Surgeon to the Alms House Infirmary, Surgeon to the Institution for the Blind, and President of the Medical Society. In 1802, he was elected a member of the American Philosophical Society; and in 1836 the Royal Medical and Chirurgical Society of London transmitted him its honorary diploma.

Dr. Physick's direct connection with the Medical School of the University of Pennsylvania commenced in June, 1805, when he succeeded Dr. William Shippen and Dr. Wistar in the Chair of Surgery. In July, 1819, he was elected to the Chair of Anatomy, vacant by the death of Dr. Dorsey, where he remained until 1831, when owing to declining health he was compelled to withdraw from its duties, and to tender his resignation; on the acceptance of which by the board of trustees he was unanimously chosen Emeritus Professor of Surgery and Anatomy,—“A compliment,” adds the author of the minute before us, “(the first of its kind here) for the bestowing of which *policy* might have sufficed, for his *name* was a *pillar of strength*. But the main design was to render a *signal* honour, and so it was received.”

Such are some of the historical circumstances, connected with the life of Dr. Physick, referred to by the committee. The "Minute" concludes with a eulogium on the virtues and professional qualifications of the illustrious deceased, of whose services to medicine we have already expressed our exalted opinion. The minute is of course eulogical, but not more so than the occasion demanded; and its whole tone is indicative of the warm friend and admirer of the deceased, and, at the same time, of the accomplished gentleman.

#### *Professor Cabell's Introductory Lecture.<sup>1</sup>*

On the appointment of Professor Cabell to the chair of Anatomy and Surgery in the University of Virginia, we expressed our decided opinion as to

<sup>1</sup> Lecture Introductory to the Course on Anatomy and Surgery, in the University of Virginia, for the session of 1837-8. By J. L. Cabell, M. D. Published by the members of the class. 8vo, pp. 16. Charlottesville, 1838.

his qualifications—natural and acquired—for the situation; and at the same time remarked, that, although untried as a lecturer, he could scarcely fail to succeed. The lecture before us is the first which he delivered to the class on taking possession of the chair to which he had been appointed, and every candid individual must unhesitatingly admit, that none could have been better adapted to the occasion, or could give fairer promise that the subsequent course will be eminently satisfactory.

The subjects touched upon by the lecturer are intimately connected with the departments which are assigned to him in the school; but he dwells chiefly on those divisions of anatomical science, “which are too much neglected in most schools of medicine,”—general anatomy, pathological anatomy, and surgical anatomy.

In the concluding portion of the discourse, he points out the plan which he purposes to follow in teaching anatomy and surgery, with some remarks upon the qualifications of the surgeon.

The style of the discourse is worthy of commendation. It is English, terse and appropriate,—which cannot be said of several of those periodical productions that emanate from the chairs of our medical and other schools.

#### — *Sharpless on the Pessary.*<sup>1</sup>

Most of our readers are aware that whilst some practitioners discard the pessary altogether in cases of prolapsus or procidentia uteri, others regard it the best agent that can be employed. The object of the author of this practical paper is to show, that, although often *abused*, it is capable of being used very frequently with eminent advantage in such cases. The ordinary flat pessary Dr. Sharpless considers almost useless from its thinness, and he therefore selects those that are an inch in thickness, with just depression enough to give a bed to the neck of the uterus and to lead the secretions through the aperture. When he has occasion to employ a globe, he prefers one of glass, without any aperture, “the weight of this shaped instrument being of little consequence, although of much importance in the flat.”

The following are Dr. Sharpless's concluding observations:—

“Under the impression that certain symptoms are always caused by prolapsus, and that for this lesion a mechanical support is indispensable, some physicians, without investigating the particular causes that may originate the distress, and the *exact* condition of the parts, have introduced a pessary themselves or given it to the patient to use. In *every* case, even of simple prolapsus, it is absolutely necessary that the precise state and position of the organ be learned, in order that all irritation may be first removed, and that a suitable pessary may be selected; and then the physician should make the application himself.

“CASE.—A respectable practitioner, after a very superficial examination for uterine disease, prescribed rest, leeching, &c. When he *supposed* the parts were prepared, he gave the lady several pessaries, of various shapes and sizes, that she might select one that *she* thought would suit her. After many unsuccessful attempts either to introduce at all, or retain one without excessive pain, she was informed by her attendant that nothing more could be done for her, and that *any* instrument would do her great harm. Upon being called, I found an indurated uterus firmly adhering very low in the vagina.

<sup>1</sup> On the Use and Abuse of the Pessary. By John T. Sharpless, M. D., of Philadelphia. Read before the Philadelphia College of Physicians, Dec. 5, 1837.

All appearance of neck had disappeared, and the mouth was patulous with reflected lips. There was some tenderness upon hard pressure, and the bearing down pain in the stomach and back was excruciating. After a few days' rest, a small flat pessary was introduced, but it produced so much suffering that it was replaced in twenty-four hours by a small globe. This was in a short time changed for a larger one, which effectually relieved the bladder of pressure, and all pain disappeared, except during the catamenia, and after great fatigue. An enlargement and tenderness of the abdomen, that had long annoyed her and prevented her fastening her clothing, was removed, and she feels so well, that I am frequently thanked for the relief, and which is almost always accompanied by some observation upon the unsuccessfulness of my predecessor.

"To give, in a few words, what I would consider the circumstances properly adapted to the use of the pessary, I would say, that it should never be employed until perfect relief had been obtained in recumbency, even during a cough or sneeze, of all those painful symptoms that were believed to depend upon uterine disease; the principle of its operation being only to remove those distresses that are produced by an upright posture; and even then the organ must bear lifting on the finger, with the patient erect and coughing, without much pain being felt.

"A smaller pessary than it is thought will be required for permanent use, should be introduced first; and if there has been previous irritation in the region, rest for a few days will allow the cavity to become accustomed to the presence of a foreign body, and then whatever change that may be considered necessary in its size or shape may be made.

"I will merely remark, in closing, that the pessary has had its ultra-admirers, and its uncompromising contemners; and that, like many other remedial agents, both friends and enemies have been mistaken in its powers. It can be made of great service when correctly applied, and will produce equal injury when used without judgment, and I think that no man will discard it from his practice who has studied, without prejudice, the effects of its proper application.

#### *Liston's Practical Surgery.*<sup>1</sup>

We propose to publish this work with all the engravings—as soon as we are able—in the "Library." It is the "Practical Surgery" of one of the most eminent operators of the day, and will be a valuable addition to the library of the surgeon. The woodcuts shall be well executed, so as to render the volume as handsome in appearance as any that has been published in the pages of the "Library" or elsewhere.

#### *Morton's Crania Americana.*<sup>2</sup>

We have had an opportunity of inspecting some portions of this splendid work, which will present—as the title imports—a comparative view of the skulls of various aboriginal nations of North and South America; with an essay prefixed on the varieties of the human species and on the American race in particular;—illustrated by sixty plates and a coloured map. The author, Dr. Samuel George Morton, of this city,—who is well known to most

<sup>1</sup> Practical Surgery, with one hundred and twenty engravings on wood. By Robert Liston, Surgeon. 8vo, pp. 494. London, 1837.

<sup>2</sup> Crania Americana; or a comparative view of the skulls of various aboriginal nations of South America; to which is prefixed an essay on the varieties of the human species, and on the American race in particular. Illustrated by sixty plates, and a coloured map. By Samuel George Morton, M. D., Member of the Academy of Natural Sciences, Philadelphia, of the American Philosophical Society, of the Historical Society of Pennsylvania, &c. &c.

of our readers for his "Illustrations of Pulmonary Consumption," and as the American editor of the last edition of Mackintosh's Practice of Physic, &c.,—has ever been a zealous and successful cultivator of natural science.

The present work, of which we give the prospectus beneath, cannot fail to elucidate many interesting points of anthropology, and deserves the encouragement of every lover of natural and general science. The lithographs are admirable; as good specimens, indeed, of the art as we ever recollect to have seen, and as accurate as they are beautiful. The author is extremely desirous of rendering the work complete, and we have no doubt would feel obliged if those gentlemen who possess Indian skulls would permit him to inspect them. By so doing they would be rendering an essential service to science.

As the work must have been got up at considerable expense, it is to be hoped that the subscription list will be sufficient to remunerate the able and industrious author, not only for his outlay, but also for the time and talent he has devoted to it. We can conscientiously and strongly recommend it to every one who takes the slightest interest in anthropological or ethnological investigations; and who is there that does not?

"*Prospectus.*—The *Crania Americana* is designed as a record of a series of facts of no small novelty and interest both to the general and scientific reader, and derived from a field of enquiry hitherto in a great measure unexplored. This remark is especially applicable to the *illustrated* portion of the work; for, although some valuable materials of this kind are to be found scattered through the writings of Professor Blumenbach, Dr. Warren, M. Choris, and a few others, no attempt has yet been made to embody them in a general and comprehensive view. By reference to those authors it will also be observed, that the engravings given by them of American crania are few in number, and not generally executed with the precision and detail necessary to a satisfactory comparison.

"The leading objects which are designed to be accomplished in the *Crania Americana* are the following:—

"The preliminary essay will embrace a brief view, also illustrated, of the varieties of the human species, in order that the general reader may investigate and compare the various analogies and differences, so remarkable in the several divisions of the human family.

"The strictly American portion of the work will contain lithographic illustrations of the skulls of more than forty Indian nations, Peruvian, Brazilian, and Mexican, together with a particularly extended series from North America, from the Pacific Ocean to the Atlantic, and from Florida to the country of the Esquimaux.

"An exposition will also be given of those extraordinary distortions of the skull, caused by mechanical contrivances among various tribes, Charibs, Peruvians, Natchez, Chinooks, Calapooyahs, &c. In fact, the author's materials in this department are probably more complete than those in the possession of any other person; and will enable him to satisfy the reader on a point that has long been a subject of doubt and controversy.

"Particular attention has been given to the crania from the mounds and caves of the western section of this country. These perishable relics of a former race will constitute a separate division of the work, and will be investigated in reference to various collateral facts, and the evidences of history and tradition.

"With respect to the *origin* of the American nations, the author has no favourite hypothesis to sustain. He will give the facts as he finds them; indulging occasionally, however, in some of those obvious inferences which are inseparable from enquiries of this kind. Indeed, it is hoped that these pages will contribute something to the materials of history; while they can-

not fail to interest the anatomist and phrenologist, and every one whose attention has been directed to the study of physical man.

"The text will embrace between two and three hundred pages, printed on fine paper, in imperial quarto, from a new and beautiful type. Particular care will be bestowed on the lithographed illustrations, which will be executed with great fidelity and elegance by the best artists. The whole number of plates will be between sixty and seventy, each containing a drawing of a cranium of the natural size.

"These plates will, in all instances, be accompanied by such national and individual remarks and explanations, as may appear most important to the full understanding of the subject.

"The introductory essay will also be accompanied by a coloured map of the world, showing, at a glance, the geographical distribution of all the races of men.

"The work is now in a state of considerable forwardness, and will be delivered to subscribers on the first day of October, 1838.

"Price of subscription—twenty dollars. Published by John Fuller, Philadelphia.

"N. B.—The work will be delivered to subscribers ONLY, and in no instance at less than the subscription price."

#### *Mitscherlich's Chemistry.*<sup>1</sup>

We have received but the first three volumes of this excellent work,—the results of the chemical investigations of M. Mitscherlich's predecessors and cotemporaries, as well as his own. He has long been regarded one of the most accomplished chemists of Europe, and an accurate and original observer.

The first volume embraces simple bodies; the second chemical affinity, the oxacids and oxides of the metalloids, &c. &c.; and the third the metals.

It is elucidated by numerous engravings, and ought to be possessed by every chemist.

#### *Meigs's Midwifery.*<sup>2</sup>

In our last number,<sup>3</sup> we acknowledged the receipt of this useful work, and recommended it to the attention of our professional brethren. The author has long devoted himself most assiduously and successfully, but by no means exclusively, to this branch of his profession, and the volume before us is one of the results. The reasons which induced him to publish the present work are stated in his preface.

"It may, perhaps, be said that we do not want any more works on midwifery, or, at least, systematic works. I admit that the valuable publications of Dr. Dewees might serve as a reinforcement to such an objection. There

<sup>1</sup> *Elémens de Chimie*, par M. Mitscherlich, Professeur de Chimie à Berlin, Membre des Académies des Sciences de Berlin, Naples, et Stockholm, et des Sociétés Royales de Londres et d'Edimbourg, Correspondant de l'Institut de France, des Académies de Saint-Petersbourg, et de Munich, Chevalier de l'Ordre de l'Aigle Rouge. Traduits de l'Allemand sur la dernière édition. Par M. B. Valérius, Ancien Professeur de Chimie à l'Université de Gand, Docteur en Sciences Physiques et Mathématiques de l'Université de Liège, et Auteur de Plusieurs Mémoires Couronnés par cette Université. 8vo, tom. i. pp. 415 : tom. ii., pp. 296 : tom. iii., pp. 238. Bruxelles, 1836.

<sup>2</sup> *The Philadelphia Practice of Midwifery*. By Charles D. Meigs, M. D., Lecturer on Midwifery and the Diseases of Women and Children, Member of the American Philosophical Society, and of the Philadelphia Medical Society. Small 8vo, pp. 379. Philadelphia, 1838.

<sup>3</sup> *Intelligencer*, Feb. 1, 1838, p. 392.

is also the work of M. Velpeau, which I translated from the French, and published in this city a few years ago; a work so excellent that it has almost become a text-book, as I am informed. These, and several new publications in England and Ireland, might have served as inducements for me to avoid troubling my brethren with the offer of this volume, perhaps an additional burthen to their book-shelves. However, having condensed as far as I could the several subjects treated of in it, and having made it rather an expression of my own reflections and experience, than a dry compilation of materials to be found every where in the obstetric library, I venture to offer it to my brethren, especially the younger among them, in the hope that at least some parts of it may not be found wholly devoid of interest nor to be perused without profit."—p. iv.

The work is divided into nineteen chapters, treating respectively of the following topics:—1. The Pelvis. 2. The Child's Head. 3. The deformed pelvis. 4. The Organs of Generation. 5. Menstruation. 6. Amenorrhœa. 7. Dysmenorrhœa. 8. Leucorrhœa. 9. Pregnancy. 10. Labour. 11. Conduct of a labour. 12. Face presentations. 13. On the positions of the head, and their mechanism in labour. 14. On presentations of the pelvic extremity of the fœtus. 15. On preternatural labour. 16. Of the forceps. 17. Inversion of the womb. 18. Puerperal fever. And 19. Atresia vaginæ.

The enumeration of the contents will show that but few of the diseases of females are touched upon.

Dr. Meigs's work will form a useful book of reference to the practitioner. It contains the results of the observation of an able and experienced obstetrician; and we do not know a better accompaniment to the student, who is commencing the study of obstetrics in the office, or is engaged in its prosecution by attendance upon lectures.

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*Forthcoming Works.*—We are requested to state, that Adlard & Saunders, of New York, have in the press Dr. A. H. Stevens's two lectures on "Lithotomy," and one on the "Diseases of the Joints," with plates illustrative of a new mode of operation with the author's prostatic bisector, forming the continuation of the "Lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, Nov. 22, 1837."

The same publishers also announce as in preparation "A Treatise on Midwifery, practically considered, by Gunning S. Bedford, M. D., Lecturer on Midwifery and the Diseases of Women and Children, in New York."

The above treatise will consist of about four hundred pages, octavo, and will be accompanied by plates illustrative of the important features of obstetric science.

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*The Woman who Lived without Eating.*—The constancy with which some individuals will endure bodily suffering, or even the absence of many things necessary to existence, for a length of time, is a curious circumstance in the history of imposters and of the insane. It is not easy to determine to which of those two classes belonged the subject of the following case:—

A woman was lately exhibited in Paris as a phenomenon, on the ground that she had taken no food for the last twenty months; she was fresh and fat, and carried a healthy child, six months old, at the breast. Not consuming any food, this woman could not be supposed to excrete; she accordingly passed no excretions, and the miracle was complete. She carried her folly, or her knavery, so far as even to enter the *Hotel-Dieu*, and place herself under the *surveillance* of a physician, M. Caillard, whom she assured that God was the father of her baby, and that he had commanded her to com-

mence a fast in 1836. She was placed in St. Benjamin's ward, and for several days the history which she gave of herself seemed true; the food and drink placed beside her bed remained intact; no trace of excretion could be discovered. Determined to find an explanation, M. Caillard passed her over to the care of M. Magendie, who happened to have a small closet unoccupied attached to one of his wards. The woman was shut up in this apartment with some food, the quantity of which was accurately measured. She resisted the sense of hunger for eight days, but ate on the ninth. Her excretions were found carefully concealed in the mattress, which she had sewn up again. This case is worthy of the attention of dealers in magnetism. The subject of it would be an invaluable acquisition.<sup>1</sup>

*Medical Department of the Transylvania University.*—The printed catalogue shows that the number of students this session amounts to two hundred and twenty-seven, of whom eighty-two are from Kentucky; fifty-three from Tennessee; seventeen from Mississippi; sixteen from Georgia; fifteen from Alabama; ten from Missouri; six from South Carolina; four from North Carolina; five from Illinois; four from Ohio; three from Pennsylvania; two from New York; two from Indiana; two from Texas; two from Virginia; one from Massachusetts; one from Arkansas; one from Louisiana; and one from England.

Appended to the catalogue are the names of the members of the dissecting class, eighty-four in number, who affirm that the supply of subjects in the anatomical department is adequate to every want, and that they are furnished at a very moderate price.

The school appears to be in a very flourishing condition.

*Cholera at Naples.*—It appears from a paper read before the Académie Royale de Médecine of Paris, by M. Thibault, that this fatal malady was complicated by an epidemic verminous constitution, of the most singular kind that has ever been recorded.

This verminous epidemic was not, however, confined to those who died of cholera, or who were affected with symptoms of it, but appeared in all the inhabitants of the country; and it is asserted by M. Thibault, that the most constant morbid appearances observed in cholera, such as injection of the digestive mucous membrane, development of the mucous follicles, the presence of an unusual kind of mucus, and of tricocephalous worms, with a change in the character of the blood, were equally met with in all those who died during the epidemy of other diseases than the cholera.

*Ossification of the Vitreous Humour.*<sup>2</sup>—At the sitting of the Medico-Chirurgical Academy of Naples, of the 11th of March, M. Grillo, Professor of Anatomy in the University of Naples, presented two eyes taken from a subject, the vitreous humour of both of which was ossified. The subject of this case had been formerly a sailor, and for twenty-five years had been troubled with gout in the feet. After a time, however, it left the feet and attacked the eyes; obstinate ophthalmia first of all declaring itself, and this followed by opacity of the cornea; progressive atrophy of the eye; complete blindness; the eyes being gradually converted into two hard white

<sup>1</sup> London Lancet, Nov. 25, 1837, p. 327, from La Lancette Française, Oct. 26, 1837.

<sup>2</sup> Il Filiatre-Sebezio, di Napoli, Aprile, 1837, p. 267.

balls. He ultimately died of apoplexy. M. Grillo remarked, that the ossification had invaded the hyaloid membrane and the vitreous humour at once,—an unusual occurrence, as the transformation is commonly restricted to the serous membrane only. In another eye, obtained by accident from a consumptive individual, the ossification was limited to the hyaloid membrane.

### BOOKS RECEIVED.

*From the Author.*—Lecture Introductory to the Course on Anatomy and Surgery, in the University of Virginia, for the Session of 1837-8. By J. L. Cabell, M. D. Published by the members of the class. 8vo, pp. 16. Charlottesville, 1838.

*From Wm. Meredith, Esq., the author.*—A Comprehensive Minute, commemorative of Philip Syng Physick, M. D., Emeritus Professor of Anatomy and Surgery, in the University of Pennsylvania. 8vo, pp. 14. Philadelphia, 1838.

*From Professor Cross.*—A Catalogue of the Officers and Students of the Medical Department of Transylvania University. 8vo, pp. 16. Lexington, 1838.

*From Messrs. Adlard & Saunders, the Publishers.*—A Clinical Lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, Nov. 22d, 1837. By Alex. H. Stevens, M. D., Surgeon of the New York Hospital, and Emeritus Professor of Clinical Surgery. 8vo, pp. 24. New York, 1837.

*From Professor Revere.*—On Scarlatina; in a letter addressed to his son, in which is [are] contained cases of angina sine efflorescentia; scarlatina anginosa; benigna; maligna vel angina gangrænosa; and their sequelæ. Also observations on various therapeutic agents that have been employed in the treatment of scarlatina. By William Ingalls, M. D., M. M. S., &c. &c. 8vo, pp. 39. Boston, 1837.

*From Dr. J. V. Ham.*—Circular and Catalogue of the Faculty and Students of the College of Physicians and Surgeons of the Western District of the State of New York, in Fairfield, Herkimer County, 1837-38. 8vo, pp. 15. Albany, 1838.

*From an Unknown Correspondent.*—Report of the Medical College of Ohio to the General Assembly of the State of Ohio. 8vo, pp. 12.

*From the Author.*—The Lexington Intelligencer Extra; containing a narrative of some of the acts of Dr. Lunsford P. Yandell, late Professor in Transylvania University. By Robert Peter, M. D.

*From the Author.*—Remarks on Stammering. By Andrew Comstock, M. D., 12mo, pp. 16. Philadelphia, 1837.

*From the Author.*—Boylston Prize Dissertations for the Years 1836 and 1837. By Oliver Wendell Holmes, M. D., Fellow of the Massachusetts Medical Society, &c. &c. 8vo, pp. 371. Boston, 1838.

Transactions of the Maryland Academy of Science and Literature. Vol. I. Published by the academy. 8vo, pp. 190. Baltimore, 1837.

We have just been favoured by our distinguished friend, Dr. Forbes, with several new English, German, and Italian publications, as well as with series of the following periodicals:—*Bulletino delle Scienze Mediche*, di Bologna; *Il Filiale-Sebezio*, di Napoli; *La Presse Médicale* de Paris; *Medicinische Zeitung* (Berlin); *Wochenschrift für die gesammte Heilkunde*, von Casper (Berlin); *Medicinische Annalen*, von Puchelt, Chelius, und Nägele (Heidelberg); *Jahrbucher der In- und Ausländischen gesammten Medicin*, von Schmidt.